

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective September, 1, 1993 and Commission Rule 133.305, titled Medical Dispute Resolution, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

### **I. DISPUTE**

1. a. Whether there should be additional reimbursement for dates of service (DOS) 07/12/01 and 08/22/01?
- b. The request was received on 02/11/02.

### **II. EXHIBITS**

1. Requestor, Exhibit I:
  - a. TWCC 60 and Letter Requesting Dispute Resolution
  - b. HCFAs
  - c. EOBs
  - d. Medical Records
  - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit 2:
  - a. TWCC 60
  - b. EOB
  - c. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
3. Per Rule 133.307 (g)(3), the Division forwarded a copy of the requestor's 14-day response to the insurance carrier on 06/28/02. Per Rule 133.307 (g)(4), the carrier representative signed for the copy on 06/28/02. The response from the insurance carrier was received in the Division on 07/10/02. Based on 133.307 (i) the insurance carrier's response is timely.
4. Additional Information submitted by Requestor is reflected as Exhibit III of the Commission's case file.

### **III. PARTIES' POSITIONS**

1. Requestor: letter dated 06/11/02  
"We expect that the TWCC Findings & Decision indicate that the services rendered to (Claimant) are according to treatment guidelines."
2. Respondent: letter dated 06/03/02  
"In reviewing (Provider's) TWCC-60, it appears his dispute is related to "Fee Guideline" issues vs disputing medical treatment based on our Chiro Peer Review..."

#### IV. FINDINGS

1. Based on Commission Rule 133.305 (d)(1&2), the only dates of service eligible for review are 07/12/01 and 08/22/01.
2. The Carrier's EOBs have the denials "UJ9 – BY CLINICAL PRACTICE STANDARDS, THIS PROCEDURE IS INCIDENTAL TO THE RELATED PRIMARY PROCEDURE BILLED" and "ZFK – THE CHARGE FOR THIS PROCEDURE EXCEEDS THE FEE SCHEDULE OR USUAL AND CUSTOMARY ALLOWANCE."
3. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT CODE	BILLED	PAID	EOB Denial Code	MARS	REFERENCE	RATIONALE:
07/12/01	95851	\$50.00	\$0.00	UJ9	\$36.00	Texas Workers' Compensation Act & Rules, Rule 133.304(c)	The HCFA-1500 and the EOB indicate that the CPT code in dispute was the only billed CPT code on date of service 07/12/01. That being the case, the carrier's denial would not be applicable and would not meet the requirements of the referenced Rule. Therefore, reimbursement of <b>\$36.00</b> is recommended.
08/22/01	97116	\$76.00 (2 units)	\$38.00	ZFK	\$76.00 (\$38.00 per unit)	MFG, MGR (I)(A)(10)(a);	It appears that the carrier's denial is based upon the referenced MGR, which sets two reimbursement thresholds. A time threshold that applies to timed CPT codes only and a modality threshold that applies to both timed and un-timed CPT codes. Based upon the HCFA-1500 and the EOB, the provider has not billed in excess of either threshold. Therefore, addition reimbursement of <b>\$38.00</b> is recommended.
<b>Totals</b>		\$126.00	\$38.00				The Requestor is entitled to additional reimbursement of \$74.00.

#### V. ORDER

Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Medical Review Division hereby ORDERS the Respondent to remit \$74.00 plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this order.

This Order is hereby issued this 4<sup>th</sup> day of 2002.

Larry Beckham  
Medical Dispute Resolution Officer  
Medical Review Division